


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 515728**  
 1. Entity Name  
 GERARD Q.C. FLORES, M.D., P.A.



Principal Place of Business      Mailing Address  
 1801 SOUTH 23RD STREET      1801 SOUTH 23RD STREET  
 SUITE 2      SUITE 2  
 FT. PIERCE, FL 34950 US      FT. PIERCE, FL 34950 US

**DO NOT WRITE IN THIS SPACE**



03222005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1690456      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SNEED, RICHARD D.  
 1905 S 25TH ST  
 SUITE 206  
 FT. PIERCE, FL 34947

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FLORES, GERARD Q.
STREET ADDRESS	118 NORTH NARANJA
CITY-ST-ZIP	PT. ST. LUCIE, FL
TITLE	VS
NAME	FLORES, MARIA TERESA
STREET ADDRESS	118 NORTH NARANJA
CITY-ST-ZIP	PT. ST. LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerard Q.C. Flores      Date: 3/28/05      Daytime Phone #: (772) 465-1170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR